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CONFIRMATION NO. 6882

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| SERIAL NUMBER 10/650,326 | FILING OR 371(c) DATE 08/28/2003 RULE | CLASS 514 | GROUP ART UNIT 1649 | ATTORNEY DOCKET NO. JJJ-P01-599 |
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APPLICANTS

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*CB***** CONTINUING DATA *******

This appln claims benefit of 60/406,431 08/28/2002

*CB***** FOREIGN APPLICATIONS ********none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

11/25/2003

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|---|------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 48 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 16 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>CB</i> Initials <i>CB</i> | | | | |

ADDRESS

28120

TITLE*CB*
Conjoint administration of morphogens and ACE inhibitors in treatment of chronic renal failure

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| FILING FEE RECEIVED 2172 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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